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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	OST-041134
		First Named Inventor	Kirchner
		COMPLETE IF KNOWN	
		Application Number	Not yet assignend
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Filing Date	4/1/2004
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VERFAHREN ZUR VERZEICHNUNGSKORREKTUR IN Siner MIKROLITHOGRAPHISCHEN
PROJEKTIONSBELICHTUNGSANLAGE**

(Title of the Invention)

the specification of which

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
103 15 001.3	DE	04/02/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: <div style="border: 1px solid black; padding: 2px; display: inline-block;">22876</div>		OR <input type="checkbox"/> Correspondence address below	
Name Jody L. Factor					
Address 1327 W. Washington Blvd., Suite 5G/H					
City Chicago			State IL		ZIP 60607
Country USA		Telephone (312) 226-1818		Fax (312) 226-1919	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Andreas				Family Name or Surname Kirchner	
Inventor's Signature					Date
Residence: City Lorch		State		Country DE	Citizenship DE
Mailing Address Sonnenweg 28					
City Lorch		State		ZIP D-73547	Country DE
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Bernhard				Family Name or Surname Kneer	
Inventor's Signature					Date
Residence: City Altheim		State		Country DE	Citizenship DE
Mailing Address Mulenweg 9					
City Altheim		State		ZIP D-89506	Country DE
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle[if any])		Family Name or Surname	
Hans-Jurgen		Mann	
Inventor's Signature		Date	
Residence: City Oberkochen	State	Country DE	Citizenship DE
Mailing Address Katzenbachstr. 49			
Mailing Address			
City Oberkochen	State	Zip D-73447	Country DE
Name of Additional Joint Inventor, if		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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